



Public Works works for the Public



COUNTY OF IMPERIAL

COUNTY OF IMPERIAL PUBLIC WORKS

DEPARTMENT OF PUBLIC WORKS

Overlay of Picacho Road from Winterhaven Drive to Quechan Drive in Imperial County, State Aid Project No. LPPSB1L – 5958 (115) County of Imperial No. 6574

155 S. 11th Street El Centro, CA 92243

ADDENDUM NO. 1 **October 13, 2020**

This *ADDENDUM* is hereby made part of the Contract Documents and specifications to the same extent as if originally included therein, and shall be signed by the Bidder and included with the proposal.

Tel: (442) 265-1818 Fax: (442) 265-1858

1. **PART VI – DOCUMENTS TO BE EXECUTED BY SUCCESSFUL BIIDER, MINIMUM INSURANCE AMOUNTS** has been modified. Replace Page No. 64 with the attached Page titled “MINIMUM INSURANCE AMOUNTS.”

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2. **REPLACE Construction Keynote No. 8 of the Improvement Plans, Sheets 3 through 8, with the following Keynote:**

www.facebook.com/ImperialCountyDPW/

8) CONTRACTOR SHALL CLEAN AND SEAL ALL CRACKS WIDER THAN 1/4-INCH WITH A RUBBERIZED CRACK FILLER MATERIAL. AFTER THE GRINDING AND CRACK SEALING PROCESS HAS BEEN COMPLETED THE CONTRACTOR SHALL INSTALL A TENSAR **GLASPAVE 50** OVER A 1-INCH LEVELING COURSE. AFTER THE **GLASPAVE 50** HAS BEEN INSTALLED THE CONTRACTOR SHALL INSTALL 2-INCHES OF A.C. PAVEMENT. SEE SECTION D-D ON SHEET 12.



https://twitter.com/CountyDpw/

3. **Geotechnical Report for the project has been uploaded to the County of Imperial Department of Public Works website at the following address:**

<https://publicworks.imperialcounty.org/projects-out-to-bid/>

Handwritten signature: J. Gay FOR

John A. Gay, P.E., Director of Public Works

Acknowledgement of Addendum No. 1

The general contractor is responsible for advising any and all subcontractors of this change. Each bidder must acknowledge receipt of this addendum in the noted space below and where indicated on the Bidder’s Proposal Section of the Special Provisions. This Addendum must be attached to the proposal.

License No. : _____

Print or Type Company Name: _____

Print or Type Authorized Name: _____

Authorized Signature of Contractor: _____

Date Signed: _____

MINIMUM INSURANCE AMOUNTS

Construction contract (Agreement for Services) form and content is included.

Insurance Minimum Amounts *

<u>Insurance</u>	<u>Minimum Limit</u> *
Workers Compensation, Coverage A	Statutory
Employers Liability, Coverage B	\$1 million
Comprehensive General Liability (Including Contractual Liability):	
Bodily Injury	\$2 million per occurrence \$5 million aggregate
Property Damage	\$2 million per occurrence \$5 million aggregate
Comprehensive Automobile Liability (Owned, hired & non-owned vehicles)	
Bodily Injury	\$1 million per occurrence
Property Damage	\$1 million per occurrence

An endorsement covering any explosion collapse and underground exposures, "XCU", in the Commercial General Liability policy is required.

*Minimums subject to additional review after bid opens.